



CPNP

A Portrait of Participants

Highlights of the Canada Prenatal Nutrition Program's Individual Client Questionnaires

Our stories

Marie:

"I felt all alone in the beginning. Here I was a pregnant teen, attending high school, no money and not sure of my future, never mind a baby's future. I did not know where to turn or which way was up. I was a mess."

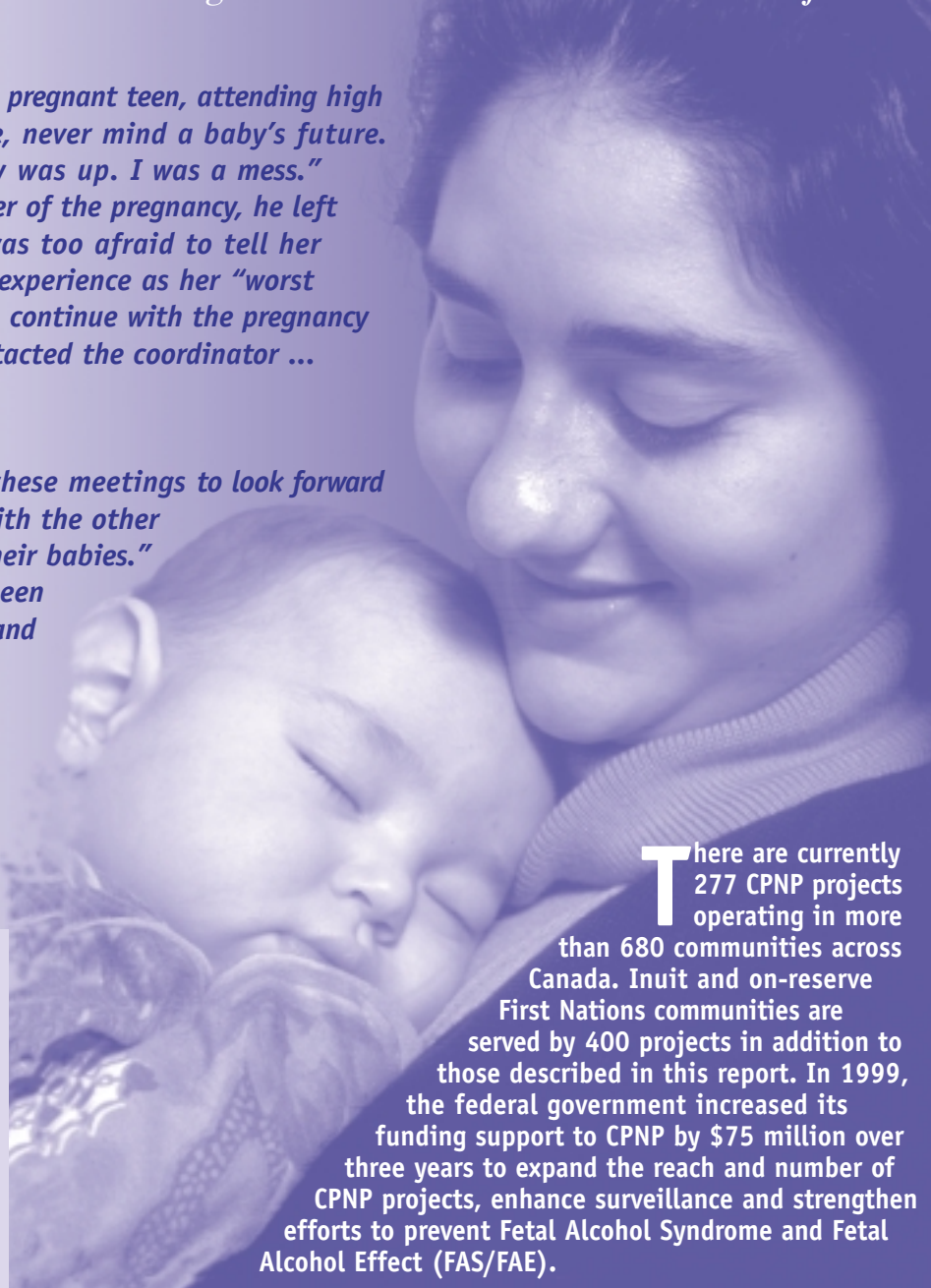
Shortly after Marie, age 16, told her partner of the pregnancy, he left the area, denying he was the father. She was too afraid to tell her parents and had no support. Describing the experience as her "worst nightmare," Marie felt her only option was to continue with the pregnancy alone. Then, Marie saw a CPNP flyer and contacted the coordinator ...

Ruth:

"I don't know what I'd do if I didn't have these meetings to look forward to. I love to come here, get information, chat with the other moms, have a snack and find out who had their babies."

Ruth, a 28-year-old mother of two, had been having a difficult pregnancy both physically and emotionally. Her husband, an alcoholic, had alienated most of her friends and she felt terribly isolated. The family's only source of income was social assistance payments ...

Each year, approximately 370,000 babies are born to women living in Canada. While most of these births are healthy, an estimated 10 percent of babies are at risk due to the poor health, nutritional status, economic and social conditions of their mothers. The Canada Prenatal Nutrition Program (CPNP) provides support to local communities to give these babies a healthier start in life.



There are currently 277 CPNP projects operating in more than 680 communities across Canada. Inuit and on-reserve First Nations communities are served by 400 projects in addition to those described in this report. In 1999, the federal government increased its funding support to CPNP by \$75 million over three years to expand the reach and number of CPNP projects, enhance surveillance and strengthen efforts to prevent Fetal Alcohol Syndrome and Fetal Alcohol Effect (FAS/FAE).

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This Report

This report profiles the lifestyle and demographic characteristics of the women who participate in CPNP projects in communities across Canada. It summarizes the findings from over 5,000 Individual Client Questionnaires (ICQs) about women who joined CPNP projects prenatally during the period of April 1, 1997 to March 31, 1998.

Between April 1, 1997 and March 31, 1998, 26,000 women participated in CPNP projects. 17,000 pregnant women joined the program that year while the others were women who continued on for postnatal support or, in a few cases, joined the program immediately following a recent birth.

CPNP Data Collection

Maintaining a base of information about CPNP projects and participants is an important element of the program. The Individual Client Questionnaire (ICQ) tracks participants from project entry to exit, recording data on risk factors, use of project services and pregnancy outcomes. Complementing the ICQ is the Individual Project Questionnaire (IPQ), which gathers key data from project representatives and describes the local response to community needs.

CPNP Objectives

CPNP projects focus on giving children the best possible start in life by:

- ➊ improving the health of pregnant women
- ➋ reducing the number of babies born with unhealthy birth weights
- ➌ promoting breastfeeding
- ➍ increasing the access to services for pregnant teens and women

Some Highlights ...

- ➊ CPNP has been highly successful in reaching women at risk, for example:
 - well over a third (38%) of participants were teens, more than a quarter of whom had already had a previous pregnancy
 - almost half (46%) of participants smoked

- ➋ More than three quarters (78%) of participants joined a CPNP project before their 28th week of pregnancy; many stayed on after the birth of their babies.
- ➌ For many women, CPNP projects served as an entry point to other community health services.
- ➍ Most women (96%) received some type of food or nutritional supplement
- ➎ CPNP participants appear to initiate breastfeeding at rates higher than those usually reported for women of similar social characteristics.

Reaching Pregnant Women at Risk

CPNP responds to the needs of women experiencing poverty, social or geographic isolation or family violence as well as those who use alcohol, tobacco or other substances during pregnancy. Projects are also designed to reach teens, Aboriginal and Inuit women and recent immigrants to Canada. The findings below demonstrate that CPNP projects are reaching the intended population.

“I’m new in Canada and this program is the best thing that has happened to me. There is someone that I can trust to help me with my problems.”

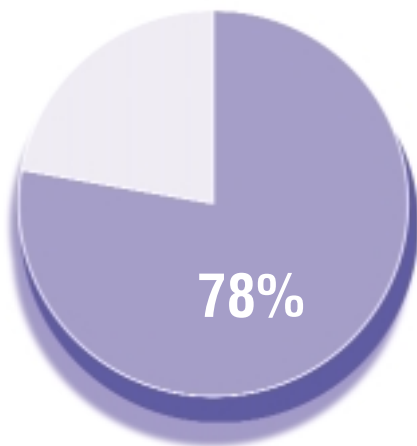
— A drop-in participant in Ontario

Demographic Profile

- ➊ More than one third of participants (38%) were less than 20 years old when they entered the program; 10% were less than 17 years old.
- ➋ Almost one quarter of participants (23%) were Aboriginal.
- ➌ About one tenth of the women (9%) described themselves as immigrants or refugees.
- ➍ One half of the women (49%) were single, divorced, widowed or separated.
- ➎ The majority of participants (58%) had less than 12 years of formal education, while 42% had less than grade 10.
- ➏ Almost one half of the women (44%) reported net monthly household incomes of \$1,000 or less; over half (58%) reported incomes of \$1,300 or less.

Physical and Lifestyle Characteristics

- ➐ Almost half of participants (46%) reported currently smoking cigarettes.
- ➑ Eight percent of the women reported consuming alcohol during their pregnancy.
- ➒ More than one in ten of the women (13%) reported experiencing abuse during pregnancy.



More than three quarters (78%) of participants joined a CPNP project before their 28th week of pregnancy.

A Portrait of Participants Across the Country

There is no typical CPNP participant. Profiles vary considerably, reflecting the characteristics of regional populations, as well as the goals of individual projects.

- ➓ Three quarters (74%) of participants in Saskatchewan had less than a high school education compared to well under half (41%) of participants in Nova Scotia.
- ➔ A significant proportion of participants in the western provinces, Yukon and Northwest Territories were Aboriginal, including 81% of Saskatchewan participants.
- ➕ Québec and Ontario projects had the highest proportion of immigrant participants (16% in each province).



CPNP Services and Referrals

The earlier a pregnant woman finds the support she needs, the greater her chances of a healthy birth outcome. Data obtained from participant questionnaires show that pregnant women are finding support through CPNP projects. More than three quarters of participants joined the program before their 28th week of pregnancy and many maintained contact with the program throughout their pregnancy. Most often, participants had 13 contacts with the program.

96% of women received some type of food or nutritional supplement.



Milk or milk coupons (80%)



Oranges or orange juice (38%)



Vitamin/mineral supplements (43%)

Participants received a variety of **prenatal services**, tailored to meet their individual needs:

- Two thirds (66%) received some type of dietary assessment.
- Four fifths (80%) received nutrition counselling.
- The vast majority (96%) of women received some type of food or nutritional supplement, including:
 - milk or milk coupons (80%)
 - oranges or orange juice (38%)
 - vitamin/mineral supplements (43%)

For many women, CPNP projects were the point of entry to other community health services. Counselling and/or referrals were provided to participants reporting **health problems**, including:

- more than two thirds (68%) of those with diabetes or gestational diabetes
- almost two thirds of those with high weight gain (65%)

- almost two thirds of those with low weight gain (63%)
- more than half of those with anemia (53%) or toxemia (53%)

CPNP projects continue to support women and their families beyond the birth of their babies. The degree of support varies according to the woman's need and the availability of community resources. In 1997-98, almost three quarters (70%) of women stayed in CPNP projects for postnatal support — most often until their babies were three and a half months old.



Our stories

Marie:

A project volunteer helped Marie with grocery shopping, meal planning and preparation. She received weekly food supplements, monthly prenatal vitamins and financial support for transportation to appointments with her doctor.

A dietitian gave Marie a one-on-one consultation to help her deal with her particular health problem — lactose intolerance. The project volunteer also told her about other community services and showed her how to obtain an infant car seat.

A Closer Look ...

Two of the areas of focus for CPNP projects are teen pregnancies and reducing the use of tobacco during pregnancy. Here is some of what we know.

Teens

In 1995, about 6 percent of live births and 8 percent of known pregnancies were to teens aged 15 to 19 years. Without proper support, teen pregnancy and parenthood are major challenges for young people. Teens are still maturing, both physically and emotionally. Moreover, they are less likely than adults to have the education and income they need to provide for themselves and their families.

In 1997-98, well over one third (38%) of CPNP participants were teens. Of these:

- 👤 28% had already been pregnant at least once
- 👤 58% smoked
- 👤 7% used alcohol

Tobacco Use

It is well known that tobacco use increases pregnancy risk in women of all ages. According to the National Population Health Survey (NPHS) of 1996-97, about one third (36%) of new mothers who had ever been smokers reported smoking during their last pregnancy, compared to almost one half (46%) of CPNP participants. Among CPNP participants, rates were higher for younger women and for those living on limited incomes, with less education and without a partner. Following are more specific findings on tobacco use among CPNP participants:

- 👤 Well over one half (58%) of participants under 20 years of age smoked, compared to just over one third (36%) of those aged 23 to 34.
- 👤 One half (50%) of women with household incomes of \$1,300 a month or less smoked, compared to one quarter (26%) of those with a monthly income of more than \$1,900.
- 👤 More than one half (53%) of participants with a grade 12 education or less smoked, compared to 19% of those with higher education.
- 👤 More than one half (54%) of women living without a partner smoked, compared to two-fifths (39%) of those living with a partner.



Ruth:

Ruth attended every group session at her local CPNP project. For her and many of the other participants, these meetings provided their only social contact.

The project gave Ruth an opportunity to learn about prenatal care in a comfortable, relaxed environment that encouraged open discussion and interaction between participants. She also received food supplements, transportation services and individual support. From the CPNP entry point, Ruth went on to participate in the local Family Resource Centre.

What About Birth Weight?

Birth weight is an important predictor of infant health. In fact, there is substantial research to support that babies who are born weighing between 2,500 and 4,000 grams are much more likely to flourish physically, emotionally and mentally during childhood and into their later years. Many factors play a role in determining birth weight, including a mother's demographic and physical characteristics, obstetrical history and lifestyle practices.

Low Birth Weight

Babies with low birth weights (2,500 grams or less) are at a significantly increased risk of illness and death. Those who survive are at greater risk of developing health problems and disabilities than babies of normal weights. The most recent national low birth weight rate in Canada is 5.8% (Statistics Canada, 1996). This compares to a low birth weight rate of 7.3% for babies born to CPNP participants who have completed ICQs since January 1997. Direct comparisons between national low birth weight rates and CPNP rates cannot readily be made due to the higher incidence of risk factors among CPNP women. CPNP is currently collecting baseline data for comparison to women at risk who have *not* received CPNP or CPNP-like programming.

Community Snapshot

A number of communities have reported higher than average low birth weight rates in lower socioeconomic neighbourhoods:

- ❸ In Montreal, the average rate was about 12% in distressed neighbourhoods, ranging as high as 16% in one area.
- ❸ In Winnipeg, the average rate was 10% across seven distressed neighbourhoods and ranged as high as 20% in one neighbourhood.
- ❸ In the United States, low birth weight rates in lower socioeconomic communities that did not receive WIC* programming ranged from 8.7% to 19.3%.

Here are some of the findings on low birth weight (LBW) for babies of women joining CPNP projects in 1997-98:

- ❸ One in ten LBW babies was born before 37 weeks.
- ❸ Twelve percent of LBW babies were born small for their gestational age.

High Birth Weight

Research shows that babies born with high birth weight (i.e., more than 4,000 grams) have a higher incidence of neonatal mortality. In 1996-97, the rate of high birth weight among Aboriginal women in Canada was 18%, compared to 12% of non-Aboriginal Canadians responding to the National Population Health Survey of 1994-95.

Here are some highlights of the CPNP related to high birth weight:

- ❸ Twelve percent of babies born to CPNP mothers had birth weights of over 4,000 grams.
- ❸ Seventeen percent of Aboriginal women in CPNP projects had high birth weight babies, compared to 11% of non-Aboriginal women.

* WIC is an American program directed toward a population of women and infants similar to those in CPNP.

For more information, see: Colin, C. "Prévention et prématurité." In *L'omnipraticien et la périnatalité*. Fédération des médecins omnipraticiens du Québec, Montréal, (1987); Desrosier Choquette, J., and M. Julien. *Canada Prenatal Nutrition Program: A three part research base for a national evaluation framework literature*. Ottawa, Ontario, 1998; Manitoba Centre for Health Policy and Evaluation, June 1993 to May 1994.

Our stories

Marie:

Marie feels confident as a young single mom and is providing for her baby. She stayed in high school up to the last month of pregnancy. Although she is on a fixed income, her contact with the project enabled her to obtain an infant car seat, a new crib and a stroller.

Marie continues to eat a nutritious diet despite her lactose intolerance. She has made many community connections including food kitchens and drop-in centres.

"I am no longer afraid to seek support when needed, and I would gladly give back to my community what it gave to me."

Breastfeeding is Important

Research demonstrates that breastfeeding initiation rates are consistently higher among the general population than for women experiencing poverty and other social risk factors characteristic of CPNP participants. Although not directly comparable, recent findings indicate that breastfeeding initiation for women in CPNP projects who are teens or single, have a low education or live on low income appears to be more common than for similar women in the general population.

The overall breastfeeding initiation rate for women in CPNP projects is 78%; rates for CPNP participants in the following groups are:

• 17-19 years old	77%
• less than grade 10	72%
• single mothers	75%
• incomes less than \$1,000/month	77%
• Aboriginal	78%

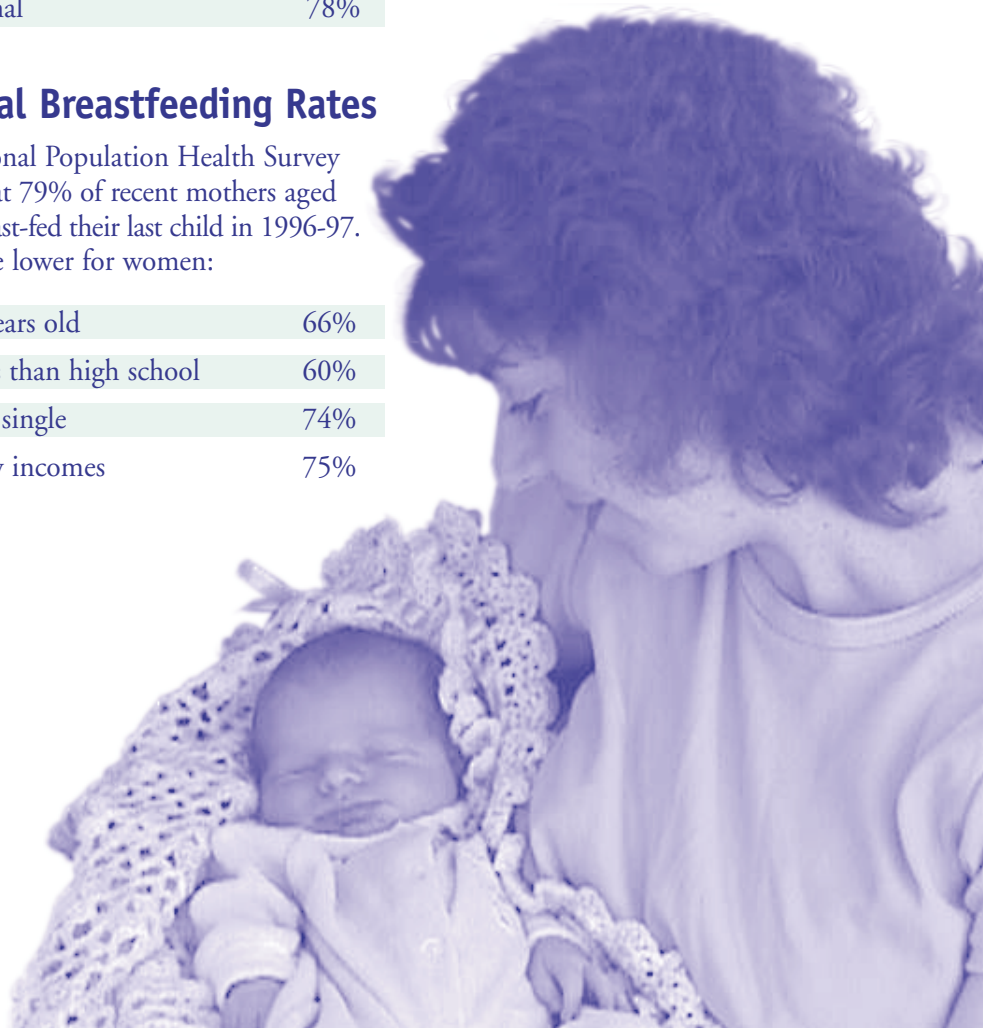
National Breastfeeding Rates

The National Population Health Survey reports that 79% of recent mothers aged 15-49 breast-fed their last child in 1996-97. Rates were lower for women:

• 18-19 years old	66%
• with less than high school	60%
• who are single	74%
• with low incomes	75%

“I’m breastfeeding my baby anywhere, any time. I’m comfortable with my body. I don’t care who sees me. I love breastfeeding and it doesn’t cost me anything.”

— 15-year-old CPNP participant



Ruth:

Perhaps most importantly for Ruth, the project provided her with the opportunity to meet people and to form a lasting friendship with another participant. Through CPNP, she linked to other resources in her community that provide the support she will need beyond pregnancy and the postnatal period, further strengthening her social support network.

Despite health concerns throughout the pregnancy, Ruth delivered a healthy baby girl at full term. She credits the project and the support she received throughout her pregnancy for her healthy birth outcome.

Making a Difference



CPNP is making a difference in the lives of many women and their families. Their comments, highlighted throughout this report, make that clear. We know that women are joining projects early and staying on beyond the birth of their babies.

“When I look at where I was two years ago and where I am now, all I can say is I’m glad I walked through the door.”

— Mother for whom CPNP participation led to full employment.

CPNP also encourages women, who may not have considered it, to breastfeed. Clearly, the program is making services accessible to pregnant women in need and connecting them to other health services in their communities for follow-up on health problems and family support.

Evaluation of CPNP is ongoing.

We look forward to further analysis of the data being collected regularly from project sites.

As well, we plan to complement these data with in-depth case studies and focus groups. Baseline data for the Canadian population is currently being collected for comparison to CPNP in 2001.

Data Sources

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Le PCNP : Profil des participantes

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